

SYSTEMS CHANGE GRANTS FOR COMMUNITY LIVING

Semi-Annual Report

Time Period: 10/1/01 – 3/31/02

Grant Information:

Grant Number: 18-P-91568/7-01

Grant State: Nebraska

Name of Entity: Nebraska Department of Health & Human Services

Type of Grant: Systems Change Grants for Community Living

Contact Information: (Complete this section only if information has changed since February 2002).

First & Last Name: Becky Veak

Title: Real Choice Grant Coordinator

Entity: Nebraska Department of Health & Human Services

Street Address 1: 301 Centennial Mall South, 5th floor

Street Address 2: P.O. Box 95044

City, State, ZIP: Lincoln, NE 68509-5044

Phone Number: (402) 471-7780 E-mail Address: becky.veak@hhss.state.ne.us

Fax Number: (402) 471-6352

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I. General Questions

A. If the goals of the grant program have been modified or revised from what was originally proposed in the Grant Application and Compendium, please provide the revised goals below.

Since Nebraska's grant application was submitted, our goals have been adjusted slightly to make them more focused on the consumer rather than the system. They are:

1. Implement a culturally-competent consumer-directed model of services coordination and services delivery that is consistent across all targeted populations.
2. Improve consumer access to, and information about, supports and services.
3. Develop a system which allows consumers from various disability systems to access and receive needed services.
4. Implement a quality management system that ensures the health and well-being of consumers through continuous consumer-directed monitoring and improvement.
5. Make available to consumers and agencies a comprehensive, statewide resource database of health and human services.

B. For each of the grant program's goals, please provide a list of any major accomplishments or activities that have been completed.

The grant activities conducted to date are reported under each goal. Some goals may not have activities described herein because there is so much overlap; it's difficult to fit activities neatly under a specific goal. Directly below is an overall structure of how Nebraska has organized to do the work under this grant:

- The Department of Health & Human Services (HHS) with assistance from the University of Nebraska Medical Center's Munroe-Meyer Institute (MMI) and the University of Nebraska Public Policy Center (PPC) established a statewide **Consumer Task Force (CTF)**:
 - Recruited twenty-two consumers and family members statewide to serve on the Real Choice CTF representing the grant's targeted population areas of Aging, children and adults with Physical Disabilities, Developmental Disabilities, Behavioral Health and Medically-Complex
 - A process for communication was established and expense reimbursement guidelines were developed for the CTF members, as part of their participation and time devoted to this grant
 - The CTF elected a four-member Executive Committee to represent them on the HHS Steering Committee (described below)
 - Three CTF meetings have been held to date (1/16/02, 2/11/02, & 3/11/02) with another one scheduled for 5/14/02; the CTF has provided guidance and development of:
 - Nebraska's Vision and Guiding Principles for Consumer-Directed Services;
 - Roles of the consumer and the system in a Consumer-Directed System;
 - Definition of "Choice"
 - A 6-month action plan (which has since been revised into a "draft" Implementation Plan)
 - Input and active participation in statewide meetings to identify current system barriers to consumer-directed services and provide input on the implementation plan for necessary system change
- HHS established a **Steering Committee** with membership representing the various disability program areas within HHS: Aging, Physical Disabilities, Behavioral Health, Developmental Disabilities, and Medically-Complex conditions

- This Steering Committee has met four times to date (11/30/01, 1/17/02, 2/15/02, 4/9/02) and has another meeting scheduled for 5/21/02. The Steering Committee is a decision-making body and provides leadership and direction for grant activities; a 4-member Executive Committee, elected from the CTF, also sits on the Steering Committee
- An e-mail listserve has been developed to facilitate communication among the Steering Committee membership and the CTF
- A beginning database of potential contacts for future stakeholder communications and input has been developed through recommendations from the Steering Committee, representing all targeted populations

Goal #1 – Implement a culturally-competent consumer-directed model of services coordination and services delivery that is consistent across all targeted populations:

- *The essence of this goal is broad and involves the training, skill-building, and decision-making strategies (among all stakeholders) that needs to occur in order to have a standardized model of health and human services delivery in a consumer-directed environment. This goal also involves all the communication strategies that need to occur, internally, for system change activities to begin:*
 - Began a planning process to evaluate resource development activities piloted in a 21-county area of Nebraska, which included structure of the process, identification of participants, letter of invitation, speakers, and goals. This process was postponed due to staff layoffs and position eliminations as a result of budgetary constraints within HHS.
 - Established a plan to disseminate information to consumers, providers, HHSS staff, and services coordinators, both HHS staff and contracted staff, regarding Real Choice activities:
 - Beginning to establish an Advocate System Network to allow for dissemination of information to consumers and a mechanism to provide input from a sample of consumers statewide regarding consumer-directed services
 - Identified strategies to communicate information about Real Choice activities to consumers, providers, HHSS staff, and services coordinators
 - Sent CTF emails of the developed materials on choice, roles and philosophy, and project description to disseminate to selected consumer list serves
 - Communication materials that have been developed are:
 - “Real Choice for Nebraskans”; a project summary description for public information regarding the grant
 - A logic model / grid which outlines the movement from the current system to a desired system based on the Consumer-Directed Guiding Principles and the goals of the project
 - The Steering Committee is beginning the task of identifying services coordinators or those who provide the “function” of services coordination across programs in order to begin the training of staff, role enhancement of the consumer, skill-building for both consumers and staff, and support:
 - To proceed, MMI has established sub-contracts with:
 - ◆ Parent Training & Information-Nebraska
 - ◆ Independent Living Centers (Nebraska League of Human Dignity)
 - MMI has developed a:
 - *Training Subcommittee* Description - Purpose, Membership, and Expectations
 - Committee to meet in May 2002 to begin planning the first level of training activities
 - *Cultural Awareness Subcommittee* is under consideration and is in the beginning stages of being established

Goal #3 – Develop a system which allows consumers from various disability systems to access and receive needed services:

- *The essence of this goal is the system redesign piece. This goal is intended to provide the structure for a consumer-directed system.*
- A two-day meeting (April 1, 2, 2002) was held with services coordinators, providers, advocates, and members of the CTF to begin the work of how to enable greater consumer choice and consumer-directed services across programs. Statewide participation of 110 individuals.
 - Outcomes of the meeting:
 - **Development of an Implementation Plan** that will improve and strengthen Consumer-Directed Services in our practices, organizations and/or communities. This Implementation Plan is designed to help direct us in the activities needed to occur in order to meet the goals under the Real Choice grant
 - A beginning understanding of the purpose and results of consumer-directed services
 - Identified interest of participants to take steps to begin the system changes necessary to implement a consumer-directed approach.
 - A commitment to building relationships and sharing information among participants to support consumer-directed services

Goal #4 – Implement a quality management system that ensures the health and well-being of consumers through continuous consumer-directed monitoring and improvement:

- *Quality Assurance Subcommittee Description: Purpose, Membership, and Expectations*

Goal #5 – Make available to consumers and agencies a comprehensive, statewide resource database of health and human services:

- Formed a statewide Data Team with key Information & Referral stakeholders participating
 - Their charge is to make recommendations to the CTF and Steering Committee regarding a structure, common standards, protocols, inclusion/exclusion criteria, and a process for sharing resource data
- Their first meeting was held May 1, 2002 with a follow-up meeting scheduled for May 28, 2002. A 6-month workplan will be developed at the May 28th meeting

C. If there has been any unanticipated event(s) that may impact on future grant activities, please list the events with a brief explanation.

The Scope of Services between the PPC and HHS has been renegotiated and is much narrower than originally outlined in the grant proposal. The scope of PPC's work focuses primarily on Goal #5, establishing a structure for the collection of resource data. PPC's original scope was formulated around the System redesign work (Goal #3); HHS has since contracted with an independent contractor to formulate a system-wide Implementation Plan that will lead us in carrying out the work of this grant.

D. How were consumers and other stakeholders involved in the grant activities over the past six months? Please specify the roles and functions of consumers in grant activities e.g. advisory, decision-making, or administrative?

- The establishment of the CTF was the first activity that was undertaken through this grant. We see their role as crucial in the development and implementation of a consumer-directed system. They have been meeting at a regular pace since their initial meeting in January. The CTF serves in an

advisory capacity to the HHS Steering Committee, but nonetheless, are considered as leaders of this project. The CTF elected a 4-member Executive Committee to represent them and sit on the decision-making Steering Committee.

- A 2-day meeting held on April 1st and 2nd, 2002 involved approximately 110 consumers, providers, advocates, services coordinators, and HHS policy staff to propose recommendations for the formulation of Nebraska's Real Choice Implementation Plan. Consumers took a very active role at this meeting and served as table hosts, facilitators, and reporters throughout the two days.

E. Please describe any specific systems change issues that your project addressed through a particular approach or practice that you would recommend to others. Please include a description of any critical steps or partners in the approach you recommend.

Nothing to report at this time.

F. Is there anything else you would like to tell us about your project's activities in the last six months?

Nothing to report at this time.

II. Technical Assistant Activities

What, if any technical assistance did your project receive during the last six months related to grant activities from The Community Living Collaborative: A National Technical Assistance Program (a.k.a., The National Assistance Exchange for Community Living) or other sources?

Nebraska has not received any technical assistance from The Community Living Collaborative; but has purchased the following technical assistance with our grant dollars:

- ✓ Max Chmura of PNP Associates, a consulting firm that provides technical support to public and private human services agencies regarding organizational development and strategic planning around efforts involving consumer-directed services, assisted the project by:
 - Attending the first CTF meeting and helping us kick-off the grant;
 - Helped us understand the philosophy and concept of consumer-directed services;
 - Helped in our definition of Choice;
 - Refocused the project's goals and objectives so they were targeted toward the consumer and not the system;
 - Leading the CTF in a discussion to clarify their leadership role in system change; and
 - Working with the HHS Steering Committee to assist in offering recommendations on consumer-direction service approaches
- ✓ Jolie Bain Pillsbury, a national facilitator in systems change, assisted the project in:
 - Facilitating the two-day April 1st and 2nd meeting to:
 - Identify barriers to consumer-directed services;
 - Understand what we can do now to move toward consumer-directed services;
 - Identify action steps that will improve and strengthen consumer-directed services;
 - Assist in developing recommendations for the Real Choice Implementation Plan

III. CMS Responsiveness:

Please describe any additional assistance that the CMS Central Office, include your Project Officer, or the CMS Regional Office could provide to help your project reach your identified goals?

Nothing at this time.